

PRINT:____

City of Morgantown Application for Municipal License RETURN TO CITY OF MORGANTOWN 389 SPRUCE ST. MORGANTOWN, WV 26505

| WONGAHE | 5/ | | BUSINESS NA | AME: | 53 | | | |
|--------------------------------|---------------------|-----------------------------|--------------------------------|----------------------|--------|---|------------|----------------------|
| NO. | | | PHYSICAL LO | OCATIO | N: | | | |
| Licensing Div | ision | | | | | | | |
| Finance Depart | ment | | | | | | | |
| BUS | SINESS C | LASSIFICATI | ONS | | | \$ # | | |
| ☐ SPECIAL STORE | \$ 5.00 | □ REAL ESTA | | \$ 10.00 | | \$# | | |
| ☐ GENERAL STORE | \$15.00 | ☐ INSURANCE | | \$5.00 | | LIC. # | 1 | |
| ☐ RESTAURANT☐ PHOTOGRAPHER | \$10.00 \$10.00 | ☐ STOCK BRO ☐ PAWN/MON | | \$100.00 \$100.00 | | - | NII N/ | |
| □ AUCTIONEER | \$37.00 | □ HOTEL/MO | | \$10.00 | Į | OFFICE USE O | NLY | |
| ☐ JUNK DEALER | \$25.00 | COLLECTIO | | \$10.00 | | BEER, WINE A | AND LIQUOR | |
| ☐ MOVIE THEATRE☐ BOWLING ALLEY | \$100.00 \$25.00 | ☐ EMPLOYME☐ POOL/ BILL. | | \$100.00 \$25.00 | BEER- | NON INTOXICATING | HVE BIQUUK | |
| ADDITIONAL ALLEY | \$15.00 | ADDITIONAL | | \$15.00 | 1 | ASS A/CLUB, TAVERN | | \$100.00 |
| | COIN-OI | PERATED DE | VICES | | ı | SS B/ UNCHILLED ONLY | | \$15.00 |
| MERCHANI | | RVICE DEVICE | VICES | | | SS B/ PACKAGED BOTH- FRIBUTOR-OFF PREMISES | | \$100.00 \$250.00 |
| □ OVER 10¢ | | RVICE DEVICE | \$12.50 EACH | | | ATE CLUB | 1 | \$250.00 |
| □ 20 OR MC | | | \$250.00 TOTAL | | | TERNAL-NON PROFIT | \$375.00 | |
| AMUSEMEN □ OVER 10¢ | | SIC DEVICE | 410 F0 F1 OT 1 | | □ UNI | DER 1000 MEMBERS | \$500.00 | |
| □ 20 OR MC | | ES | \$12.50 EACH \$300.00 TOTAL | | OVE | ER 1000 MEMBERS | \$1250.00 | |
| LAUNDRIE | | | \$300.00 TOTAL | ´ | WINE | | | |
| | | | \$15.00 TOTAL | | | IE BY THE GLASS | \$250.00 | |
| □ LESS THA | | | \$3.00 EACH | | | AIL-OFF PREMISES | \$150.00 | |
| ☐ MORE TH | IAN 10 DEV | ICES | \$30.00 TOTAL | | LI WES | ST VIRGINIA WINE | \$25.00 | |
| OTHER(OFFI | CE USE C | NLY) | | | | | | |
| LEGAL NAMI | E: | | | | | | | |
| DBA: | | | | | | | | |
| MAILING AD | DRESS: | | | | | | | |
| HOME ADDR | ESS: | 8 | | | | | tratti e | |
| EMAIL: | | 8 | | | | | | |
| BUSINESS PH | ONE: | | | OW | NER(S |) PHONE: | | |
| FORM OF BUS | | PROPRIETORSH PARTNERSHIP | | CORPORA OTHER | | □ LIMITED LIA | | |
| FEDERAL IDENTIFICA | ATION NI | JMBER: | | D. | ATE BU | USINESS BEGAN IN (| CITY: | |
| DESCRIBE BUSINESS AC | TIVITY: | | | | | | | |
| | | | | | | | | |
| | I ce | | | | | pest of my knowledge. | - | |
| SIGN: | - 50 | 75 | | | | DATE | | |
| 01011 | | | | | | | | |

OWNER-PARTNER-OFFICER-MEMBER INFORMATION

| NAME | |
|------------------------|---|
| ADDRESS | |
| PHONE | |
| EMAIL | |
| SOCIAL SECURITY NUMBER | |
| | |
| NAME | |
| ADDRESS | |
| PHONE | |
| EMAIL | |
| SOCIAL SECURITY NUMBER | |
| |] |
| NAME | |
| ADDRESS | |
| PHONE | |
| EMAIL | |
| SOCIAL SECURITY NUMBER | |
| | |

Attach additional sheets if necessary

THE CITY OF MORGANTOWN

FINANCE DEPARTMENT 389 SPRUCE STREET MORGANTOWN, WV 26505

| TO: | All Business Owners or Operato | ന്ദ | zi . |
|----------|---|--|--|
| FROM: | City of Morgantown Finance Del Communications Center (MPSC | • | d the Morgantown Public Safety |
| RE: | After Hour Emergency Informati | on | |
| | ousinesses, in the City of Morgant | own, with na | the community, the MPSCC keeps an active ames of persons to be contracted in the ing. (Such as fire, intrusion or damage.) |
| | | or type) an | sed only by law enforcement and fire d promptly return it to our center at either MV 26505 |
| | Thank you for your cooperation. | i | |
| ¥ | | | |
| | | ****** | |
| BUSINES | S NAME . | - | BUSINESS TELEPHONE NUMBER |
| BUSINES | S STREET ADDRESS (COMPLE | TE) | |
| | | To a W | 26 25 |
| ALARM CO | OMPANY NAME (IF APPLICABLE | Ē) | TELEPHONE NUMBER |
| PERSON(| S) WITH KEYS (AFTER HOURS | | TELEPHONE NUMBER(S) |
| | 5 | ************************************** | k |
| - | | ************************************** | F |
| | W | ***** | |

COMMENTS OR OTHER INFORMATION DEEMED NECESSARY:_

CHECK LIST

| ORDE | OU HAVE OR HAVE YOU CHECKED ON THE FOLLOWING REQUIREMENTS IN R TO OBTAIN A CITY BUSINESS LICENSE? |
|----------|--|
| j. it | _CHECKED TO SEE IF LCOATION IS PROPERLY ZONED. |
| 45 | CHECKED TO SEE IF YOU NEED A CERTIFICATE OF OCCUPANCY THAT IS AVAILABLE THROUGH THE BUILDING INSPECTIONS DEPARTMENT. |
| | _CHECKED TO SEE IF YOU ARE REQUIRED TO HAVE A HEALTH PERMIT. |
| | NOTIFIED THE FIRE DEPARTMENT FOR AN INSPECTION. |
| 350 | _APPLIED FOR YOUR STATE LICENSES. |
| | CHECKED ON SANITATION SERVICE THROUGH BFI 304-296-3696. |
| 19 | _IF YOU PURCHASED THE PROEPRTY, CHECKED ON FIRE SERVICE FEES. |
| <u> </u> | _COMPLETED THE PROPER APPLICATIONS FOR CITY BUSINESS LICENSE. |
| | |